					7/20/24 9.40AW
Fill	I in this information to ident	tify your case:			
Un	ited States Bankruptcy Court	for the:			
DIS	STRICT OF MINNESOTA				
Ca	se number (if known)		Chapter <b>7</b>		
				☐ Check if this an amended filing	
lf m kno	ore space is needed, attack own). For more information,	a separate document, Instructions for I	op of any additional pag	es, write the debtor's name and the case	06/24 number (if
1.	Debtor's name	Patriot Insurance Group, LLC			
2.	All other names debtor used in the last 8 years				
	Include any assumed names, trade names and doing business as names				
3.	Debtor's federal Employer Identification Number (EIN)	85-1312583			
4.	Debtor's address	Principal place of business		lailing address, if different from principal usiness	place of
		20980 Rogers Drive		o Ryan Edick	
		Suite 600	=	001 SW 17th Ave	
		Rogers, MN 55374  Number, Street, City, State & ZIP Code		ape Coral, FL 33914  O. Box, Number, Street, City, State & ZIP C	ode

5. Debtor's website (URL)

6. Type of debtor 

Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

☐ Partnership (excluding LLP)

 $\ \square$  Other. Specify:

Hennepin

County

Location of principal assets, if different from principal

place of business

Number, Street, City, State & ZIP Code

10.	Are any bankruptcy cases
	pending or being filed by a
	business partner or an
	affiliate of the debtor?

Were prior bankruptcy

years?

separate list.

cases filed by or against

the debtor within the last 8

If more than 2 cases, attach a

■ No

District

District

No.

☐ Yes.

☐ Yes.

When

When

Case number

Case number

Deb	tor	1 40100 11104141100 010410, 120				Case number (if known)			
	l ist	Name all cases. If more than 1	han 1						
		ch a separate list	,	Debtor			I	Relationship	
				District		When _		Case number, if known	
11.		y is the case filed in a district?	Check	all that appl	y:				
	tilis dist	, district:					s, or principal assets i of such 180 days than	n this district for 180 days immediately in any other district.	
				A bankruptc	/ case concerning del	otor's affiliate, genera	al partner, or partners	hip is pending in this district.	
12.		es the debtor own or re possession of any	■ No						
	real	l property or personal perty that needs	☐ Yes	Answer I	pelow for each proper	ty that needs immed	iate attention. Attach	additional sheets if needed.	
		nediate attention?		Why do	es the property need	immediate attention	on? (Check all that ap	ply.)	
				☐ It pos	es or is alleged to pos	se a threat of immine	ent and identifiable ha	zard to public health or safety.	
				What	s the hazard?				
				☐ It nee	ds to be physically se	cured or protected fi	rom the weather.		
								or lose value without attention (for example, assets or other options).	
				☐ Other					
				Where is	s the property?				
						Number, Street, C	ity, State & ZIP Code		
				Is the pr	operty insured?				
				☐ No					
				☐ Yes.	Insurance agency				
					Contact name				
					Phone				
		Statistical and admin	istrative	informatio	n				
13.	Deb	otor's estimation of		Check one					
		available funds	•	_	vill be available for dis	tribution to unsecure	ed creditors		
				_				unacquired are ditore	
				■ After an	y administrative expe	ises are paid, no fur	nds will be available to	unsecured creditors.	
14.		imated number of	<b>1</b> -49	9		<b>1</b> ,000-5,000	)	☐ 25,001-50,000	
	cred	ditors	☐ 50-9			<b>5001-10,00</b>	0	<b>5</b> 0,001-100,000	
			□ 100			□ 10,001-25,0	000	☐ More than100,000	
			□ 200	-999					
15.	Esti	imated Assets	<b>1</b> \$0 -	\$50,000		□ \$1,000,001	- \$10 million	☐ \$500,000,001 - \$1 billion	
				,001 - \$100	000		1 - \$50 million	□ \$1,000,000,001 - \$10 billion	
				0,001 - \$50			1 - \$100 million	= \$10,000,000,001 - \$50 billion	
			□ \$50	0,001 - \$1 n	nillion	<b>□</b> \$100,000,0	01 - \$500 million	☐ More than \$50 billion	
16.	Esti	imated liabilities	<b>•</b> •••	ΦΕΩ 000		□ \$1,000,001	- \$10 million	□ \$500,000,001 - \$1 billion	
. ••				\$50,000 0,001 - \$100	000		1 - \$50 million	□ \$1,000,000,001 - \$10 billion	
				0,001 - \$100 0,001 - \$50		□ \$50,000,00	1 - \$100 million	☐ \$10,000,000,001 - \$50 billion	
				0,001 - \$1 n		□ \$100,000,0	01 - \$500 million	☐ More than \$50 billion	

Patriot Insurance	Group.	LLC
-------------------	--------	-----

Name

Rea	west f	or R	elief.	Declaration,	and	Signature	•
ved	uesi i	OI I	ener,	Deciaration,	anu	Signature	2

**WARNING** - Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

## 17. Declaration and signature of authorized representative of debtor

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

Case number (if known)

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on July 28, 2024

MM / DD / YYYY

X	/s/ Ryan E	dick	Ryan Edick		
	Signature of	authorized representative of debtor	Printed name		
	Title	Chief Manager			

## 18. Signature of attorney

momas r.	MILLE		Date	July 20, 2024	
nature of atto	rney for debtor			MM / DD / YYYY	
omas F. Mi	ler 73477				
nted name					
omas F. Mi	ler, P.A.				
n name					
00 Superior	Blvd. #303				
yzata, MN	55391				
nber, Street,	City, State & ZIP Code				
	052 404 2006	- "	themes@	millarlaw aam	
ntact phone	932-404-3696	Email address	tnomas@	milieriaw.com	
	mature of atto  mas F. Mil  nted name  mas F. Mil  n name  00 Superior  yzata, MN	omas F. Miller, P.A. n name  O Superior Blvd. #303 yzata, MN 55391 nber, Street, City, State & ZIP Code	mature of attorney for debtor  mas F. Miller 73477  Inted name  Domas F. Miller, P.A. In name  DO Superior Blvd. #303  yzata, MN 55391  Inber, Street, City, State & ZIP Code	phature of attorney for debtor  Domas F. Miller 73477  Ited name  Domas F. Miller, P.A. In name  DO Superior Blvd. #303  yzata, MN 55391  Inber, Street, City, State & ZIP Code	mature of attorney for debtor  MM / DD / YYYY  Dmas F. Miller 73477  Inted name  Dmas F. Miller, P.A. In name  Do Superior Blvd. #303  yzata, MN 55391  Inber, Street, City, State & ZIP Code

## 73477 MN

Bar number and State

Patriot Insurance Group, LLC

Case number (if known)

Name

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

17. Declaration and signature of authorized representative of debtor

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on

MM/DD/YYYY

Signature of authorized representative of debtor

Title Chief Manager

Ryan Edick Printed name

18. Signature of attorney

/E/ Thomas F. Miller
Signature of attorney for debtor

Date 7-28-2024

Email address thomas@millerlaw.com

MM / DD / YYYY

Thomas F. Miller 73477

Printed name

Thomas F. Miller, P.A.

Firm name

1000 Superior Blvd. #303 Wayzata, MN 55391

Number, Street, City, State & ZIP Code

Contact phone 952-404-3896

\_\_\_\_

73477 MN

Bar number and State

AARON R THOM ESQ 45 S 7TH ST STE 2610 MINNEAPOLIS MN 55402

RYAN EDICK 109 HILL ST BIG LAKE MN 55309

JEFFRY ZWEIFEL 11302 86TH MAPLE GROVE MN 55369

MONA EDICK 4002 SW 17TH AVE CAPE CORAL FL 33914

ACEN TURNER 15269 75TH CIRCLE NORTHEAST OTSEGO MN 55330